



2004 Survey of Service Industries: Consumer Goods Rental

This information is collected under the authority of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.*

Completion of this questionnaire is a legal requirement under this Act.

This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au 1 888 881-3666.

If necessary, please correct pre-printed information below.

0001	Legal name		0004	Address (number and street)	
0002	Business name		0005	City	
0003	C/O		0006	Province/Territory or State	
0008	First name of contact		0053	Country	0007 Postal code/ Zip code
0028	Last name of contact		0010	Language preference	1 <input type="checkbox"/> English 2 <input type="checkbox"/> French

A - General Information

Survey Purpose

This survey collects the financial and operating data needed to develop national and regional economic policies and programs.

Data-sharing Agreements

In an effort to reduce reporting burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. The data are kept confidential and used for statistical purposes only. Please see the enclosed booklet entitled *Statistics Canada Business Surveys* for details of these agreements.

Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada.

Fax or Other Electronic Transmission Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

Reporting Instructions

- Report for all operation(s) and/or location(s) pre-printed in the above address area. If it is not possible to report for the above business unit(s), please explain the reason(s) in the Comments section at the end of the questionnaire.
- When precise figures are not available, please provide your best estimates.
- For further information about this survey and definitions, please consult the enclosed booklet entitled *Statistics Canada Business Surveys*.

Return of Questionnaire

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999 within 30 days of receipt.

Lost the return envelope or need help? Call us at 1 888 881-3666 or mail to:
Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6



B - Main Business Activity

- a) Please describe the nature of your firm's business activity in 2004: 0141 _____
-
- b) Is this a change from the previous year? 0142 1 Yes 3 No
- c) Please check below the one industry which most accurately describes your firm's principal source of operating revenue. **If yes**, please provide details in the "Comments" section on page 7.
- | | |
|---|---|
| <p>532210 ⁰¹⁰⁹ <input type="checkbox"/> Consumer Electronics and Appliance Rental (excluding computer rental or leasing)</p> <p>532220 ⁰¹¹⁰ <input type="checkbox"/> Formal Wear and Costume Rental (except linen and uniform supply)</p> <p>532230 ⁰¹¹¹ <input type="checkbox"/> Video Tape and Disc Rental</p> <p>532290 ⁰¹¹² <input type="checkbox"/> Other Consumer Goods Rental (e.g. furniture rental centres, party supply centres, home health equipment rental centres, recreational goods rental centres)</p> | <p>532310 ⁰¹¹⁷ <input type="checkbox"/> General Rental Centres (e.g. home repair tools, lawn/garden equipment; excludes heavy construction equipment rental)</p> <p>0040 <input type="checkbox"/> None of the above (please specify)</p> <p>0041 _____</p> <p>_____</p> <p>_____</p> |
|---|---|

C - Business Unit Organization

- a) Type of organization (please check **one** only):
- | | | | |
|---|---|---|---|
| 0024 1 <input type="checkbox"/> Sole proprietorship | 2 <input type="checkbox"/> Partnership | 3 <input type="checkbox"/> Incorporated company | 4 <input type="checkbox"/> Co-operative |
| 5 <input type="checkbox"/> Joint venture | 6 <input type="checkbox"/> Government business entity | 7 <input type="checkbox"/> Government | 8 <input type="checkbox"/> Non-profit |
- b) Is the sole purpose of this business unit to provide services to your parent company, an affiliated company or a professional practice?
- 0029 1 Yes – **If yes**, please name the company or professional practice 0030 _____
- 3 No
- c) Please enter your nine-digit Business Number (if incorporated) 0189 _____
- d) Is this business unit affiliated with a chain or franchise group?
- 0789 1 Yes (please provide name) 0790 _____
- 3 No
- e) Did this business unit participate in any joint venture(s) during the reporting period?
- A joint venture refers to a specific commercial undertaking entered into jointly by two or more parties or companies, who agree to contribute the necessary capital and share in profits or losses of the project in agreed proportions. The association terminates either upon completion of the undertaking or at a specific time.
- 0170 1 Yes – **If yes**, please go to (f) 3 No – **If no**, please go to **Section D**.
- f) Are detailed revenue and expenses for the business unit's share in the joint venture(s) included in this questionnaire?
- 0171 1 Yes 3 No
- g) Please provide the name of the joint venture. 0180 _____
- h) Is this joint venture:
- 0190 1 Incorporated – **If incorporated**, please go to (i) 3 Unincorporated – **If unincorporated**, please go to (j)
- i) Business Number of joint venture (if incorporated) 0179 _____
- j) If it is an unincorporated joint venture, please provide the length of time of the joint venture.
- | | | | | | |
|------|----|----|------|----|----|
| YYYY | MM | DD | YYYY | MM | DD |
|------|----|----|------|----|----|
- From** ⁰¹⁹¹ **To** ⁰¹⁹²
- k) Joint venture partner(s) and Business Number(s) (if incorporated)

Joint Venture partner(s)	Business Number(s) (if incorporated)
0181	0182

D - Reporting Period Information

Please report information for your **fiscal year** (normal business year) ending between April 1, 2004 and March 31, 2005. Please indicate below the period covered by this questionnaire.

	YYYY	MM	DD		YYYY	MM	DD
From	0011	<input type="text"/>	<input type="text"/>	To	0012	<input type="text"/>	<input type="text"/>

Period of Operation If you did not operate this business for a full year, please check the reason below:

0042 <input type="checkbox"/> Seasonal operation	0035 <input type="checkbox"/> Ceased operation (<i>please specify</i>)	0119 _____
0032 <input type="checkbox"/> New business in 2004	0036 <input type="checkbox"/> Temporarily closed (<i>please specify</i>)	0049 _____
0033 <input type="checkbox"/> Change of fiscal year end		
0034 <input type="checkbox"/> Change of ownership (<i>please provide name and address of the other owner</i>)		
0124 _____	Effective date of change	0125
		YYYY MM DD
		<input type="text"/> <input type="text"/> <input type="text"/>

E - Revenue

- Please **exclude** GST and all other taxes collected by you for remittance to a government agency.
- Please report all answers in **Canadian dollars**.

\$ CDN

a) Rental and/or Leasing Revenue Report gross revenue generated from the rental and/or leasing of audio-visual equipment; office furniture, vcr's, home appliances, consumer electronics and machinery, costumes and any household items. Exclude revenue from rental of real estate (see item (g) below).	2046	
b) Repair Revenue Include all revenue earned (labour charges) from repairs but exclude the charges for materials and parts used in these repairs and report them in item (d)	2041	
c) Miscellaneous Services Revenue Include revenue from all other services rendered. Exclude the charges for materials and parts used in repairs and report them in item (d)	2038	
d) Sales of Merchandise Include materials and/or parts charged to a customer in the performance of repairs or forming part of a service rendered. Sales of gasoline, oil and insurance which are part of a rental contract should be included here. Sales of all other items (non-rental items, food, beverages) must be included here. (Report offsetting costs in Section F , item (b).	2048	
e) Loss or gain on the sales and/or disposal of previously rented and/or leased equipment. Value of sales (disposal value) of previously rented and/or leased equipment.	2198	
f) Commissions, Royalty Payments, Franchise Fees, Foreign Exchange and Management Fees	2200	
g) Other Operating Revenue e.g., revenue from rental of real estate (<i>please specify</i>)	2077	
h) Total Operating Revenue (sum of items (a) to (g))	2080	
i) Non-operating Revenue Interest and all other revenue that is not directly related to the operation of this business.	2097	
j) Total Revenue (sum of items (h) and (i))	2098	

F - Expenses

- Please report all answers in **Canadian dollars**.
- **Do not include** capital expenditures.
- Please **include** GST, except the portion that is refundable by government.
- **If you prefer, you may attach a copy of your income statement and proceed to Section G.**

\$ CDN

a) Purchase of goods for rental purposes, if not capitalized	4004	
b) Cost of goods purchased for resale	4025	
c) Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	3010	
d) Employee benefits paid for all employees for whom you issued a T4 supplementary form; include employer's contributions to pension, medical/life, employment insurance and workers' compensation plans	3040	
e) Rent or lease of land and buildings	4120	
f) Rent or lease of motor vehicles	4125	
g) Computer services purchased (including equipment rental, data processing and software development)	4233	
h) Rent and/or lease of other machinery and equipment	4135	
i) Repair and maintenance	4175	
j) Legal, accounting, management and consulting fees	4230	
k) Advertising and sales promotion	4365	
l) Insurance	4350	
m) Taxes, permits and licences (exclude income taxes)	4410	
n) Heat, light, power and water	4042	
o) Telephone, telecommunication, postage and courier fees	4102	
p) Travel, meal and entertainment expenses	4370	
q) Royalties and franchise fees	4440	
r) Amortization and depreciation	4520	
s) Interest expenses	4630	
t) Office and all other supplies and materials used in the business	4000	
u) All other operating expenses, excluding bad debts . Include fees paid to contract workers. (<i>Please specify major items</i>)	4569	
4561 <input style="width: 500px; height: 20px;" type="text"/>		
v) Total Operating Expenses (sum of items (a) to (u))	4599	

G - Employment

1. Paid Employees

Please report the **average number** of persons employed during the reporting period to whom you paid Salaries and Wages as shown in **Section F**, item (c).

Number

a) Full-time Employees (regular employees who worked the standard work week as observed by the business)	6310	
b) Part-time Employees (those who worked fewer than the standard work week hours observed by the business)	6311	
2. Contract Workers (individuals engaged only for the duration of a specific project or term)	6320	
3. Working proprietors and/or partners of unincorporated businesses	6321	

H - Client Base

Please report the percentage of total operating revenue (**Section E**, item (h)) derived **directly** from:

%

1. Domestic Clients

Individuals

Business

- | | | |
|--|------|--|
| a) Retail Trade | 8100 | |
| b) Traveller Accommodation and Food Services | 8103 | |
| c) Wholesale Trade | 8104 | |
| d) Agriculture, Forestry, Fishing and Mining | 8104 | |
| e) Manufacturing | 8163 | |
| f) Construction | 8165 | |
| g) Transportation and warehousing | 8105 | |
| h) Finance, Insurance and Real Estate | 8106 | |
| i) Other (e.g., professional/scientific services, telecommunication)
(please specify) | 8115 | |
| 8172 | | |

Institutions

- | | | |
|---|------|--|
| j) Educational Services | 8121 | |
| k) Health Services | 8122 | |
| l) Other institutional demand
(please specify) | 8123 | |
| 8124 | | |
| m) Government | 8130 | |

2. Foreign Clients (regardless of type)

Total

(total of cells 8100 to 8140 must equal 100%)

100%

I - Provincial/Territorial Distribution

- Please report all answers in **Canadian dollars**.
- Business unit is defined as the lowest level of the firm for which separate records are kept for such details as revenues, expenses and employment.

Number

5001

a) Please report the number of permanent business units operated in Canada during the reporting period.

b) Do you have permanent business locations in **more** than one province or territory?

⁹⁹⁶⁶ ³ No – **Please go to Section J**

¹ Yes – **Please complete Section I (c)**

c) Please report the following data for the provinces or territories in which you have units.

Province/Territory	Business Units		Total Revenue		Salaries, Wages and Employee Benefits		Employees		Total Operating Expenses	
	(Number)		\$ CDN		\$ CDN		(Number)		\$ CDN	
Newfoundland and Labrador	5002		4824		4826		6225		4925	
Prince Edward Island	5003		4829		4831		6230		4930	
Nova Scotia	5004		4834		4836		6235		4935	
New Brunswick	5005		4839		4841		6240		4940	
Quebec	5006		4844		4846		6245		4945	
Ontario	5007		4849		4851		6250		4950	
Manitoba	5008		4854		4856		6255		4955	
Saskatchewan	5009		4859		4861		6260		4960	
Alberta	5010		4864		4866		6265		4965	
British Columbia	5011		4869		4871		6270		4970	
Yukon	5014		4874		4876		6275		4975	
Northwest Territories	5013		4879		4881		6280		4980	
Nunavut	5012		4884		4886		6285		4985	
Total	5015		4889		4891		6290		4990	

Should equal cell 5001, this section (a)	Should equal cell 2098, Section E (j)	Should equal the sum of cells 3010 and 3040, Section F (c) + (d)	Should equal the sum of cells 6310 and 6311, Section G (a) + (b)	Should equal cell 4599, Section F (v)
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J - Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person		Title 0014	0015 Date Year Month Day <input type="text"/> <input type="text"/> <input type="text"/>			
Name of person to contact for further information: 0026		0013 <input type="text"/>				
1 <input type="checkbox"/> Mr. 2 <input type="checkbox"/> Mrs. 3 <input type="checkbox"/> Miss 4 <input type="checkbox"/> Ms		0054 First name <input type="text"/>				
		Last name <input type="text"/>				
E-mail address 0018			Web site address 0020			
Telephone number 0017	Extension number 0027			Fax number 0016		
How long did you spend collecting the data and completing this questionnaire?					9910 Hour(s) <input type="text"/> 9909 Minutes <input type="text"/>	

K - Comments

We invite your comments below. Please be assured that we review all comments with the intent to improve the survey.

9920 _____

9913 _____

9914 _____

9915 _____

9916 _____

Thank you for completing this questionnaire. Please retain a copy for your records.

Statistics Canada's publications are available for use in Statistics Canada's regional offices and all major libraries.

As well, please visit our Web site at www.statcan.ca.

If you need help, please contact us at **1 888 881-3666**.